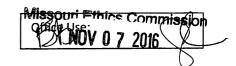


## Missouri Ethics Commission (MEC)

PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov



## **Statement of Committee Organization**

1.	Statement Information		
	Type: New Amended (if amending, enter MEC ID C/4347 & section changed		
2.	Committee Information		
Missouri for Miceli			
	11023 N Wyandotte St. Kansas City, MO 6415	55	(816 <sub>)</sub> 5888691
	Committee Mailing Address, City, State, & Zip	Dotty Lamb 916 415	Telephone Number 8683 / Board of Elections
		County Clerk or Board of Election Commiss	
	Committee Type: Campaign Candidate Continuing	(PAC) Debt Service Exp	loratory Political Party
3.	Treasurer/Deputy Treasurer Information		
	Anna Miceli		
	Treasurer's Name (First & Last) 11023 N Wyandotte St. Kansas City MO 64155	, 816 \ 674-8571	1
	Treasurer's Mailing Address, City, State, & Zip	Treasurer's Home Telephone Number	Treasurer's Work Telephone Number
	N/A		
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optiona	l)
	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number	Dep. Treasurer's Work Telephone Number
4.	Additional Committee Information		·
	N/A		
	Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing Add	dress, City, State, & Zip
	Connected Organization's Name (if any)	Connected Organization's Mailing Address,	City, State, & Zip
	CANDIDATES: Do you have more than one candidate committee	?    Yes (refer to instructions or	back) 🗹 No
5.	Official Bank Account Information (required by all committees)		
			~ ~ ~
6.	Candidate Supported or Opposed (candidate committees must		
	Christopher Miceli 11023 N Wyandotte St. Kansas City, MO 64155  Name & Mailing Address, City, State & Zip of Candidate	(816) 588-8691 Telephone Number (Candidate Committee:	()
)	Nov. 3, 2020 Missouri Senate 17	Republican	Support
	Election bare Office Sought & Political Subdivision	Political Party	Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign committees	must complete this section)	
	N/A		
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
8.	Signature(s) Check certification(s) & sign (required by all com	mittees)	,
	I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I		
	further acknowledge that I am aware that any false statement or	declaration made herein is bur	nishabie under Ch. 575 RSMo.
	And Micke		suf -
	Complittee Treasurer	Candidate (Candidate Committees Only)	ı